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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/582,704			ing Date 01/2007	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY
	FOR	,	IUMBER FI	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		ı	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A		l	N/A	
TO' (37	TAL CLAIMS CFR 1.16(i))		minus 20 = *			l	x s = 1		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			l	X \$ =			X \$ =	
APPLICATION SIZE FEE (37 CFR 1.16(e)) If the specification and sheets of paper, the at is \$250 (\$125 for smal additional 50 sheets of 35 U.S.C. 41(a)(1)(G)					n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	01/28/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 5	Minus	20	= 0		X \$26 =	0	OR	X \$ =	
	Independent (37 CFR 1.16(h))	• 1	Minus	3	- 0		X \$110 =	0	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus		=		X \$ =		OR	x s =	
№	Independent (37 CFR 1 16(h))		Minus	***	-	l	x s =		OR	x s =	
Π̈́	Application Size Fee (37 CFR 1.16(s))					l					
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
If the early in column 1 is less than the entry in column 2, write "0" in column 3. If the Highest Number Previously Paid For "N THIS SPACE" is less than 2, enter "20". If the Highest Number Previously Paid For "N THIS SPACE" is less than 3, enter "3". The Highest Number Previously Paid For "(1 call or independent) is the highest number found in the appropriate box in column 1. The Highest Number Previously Paid For "(1 call or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the DSFRT to process) an application Confidentiality is governed by 35 US. of 22 and 37 CFR 1.14. This collection is estimated to beta 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chile Information Cliber. U.S. Patient and Trademark Office, U.S. Department of Commons P.O. Box 1469, Alexandria, W. 2231-9. Box 0.0 NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO Commissioner for Patients, S.O. Box 1459, Alexandria, V. 2231-31.31-3150.